SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K64414

(1)

	1	ILEL)
Aug	15	1997	8:00am
Sec	cret	tary of	f State

	FLESCHER, O.D., P.A.	Mailing Address							
C/O MARC S.		2211 N. CONGRESS AVE							
2216 N. CONGE		BOYNTON BEACH FL 334	126			DO NOT WRITE	SILLT MI	SDACE	
BOYNTON BCH US	. PL 33420	US				3. Date Incorporated or Qualified		ate of Last R	hoge
						02/09/1989	1	26/1996	эрол
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	<u>V(/)</u>		plied For
21		26				65-0098246		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Bo
23		28				Trust Fund Contribution		Added	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has pa	aid the cur	rent year Int	angible
24	25	29	30			Personal Property Tax due June] No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	glatered	Agent	
	SHER, MARC S			81	Name				
	N. CONGRESS AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
STE			}						
BOY	NTON FL 33426			83					
			ļ	84	City		FL	85 Zip	Code
office or agent. I s SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered a	gations of, Section 607.0505, I	-lorida Stat	utes		oration submits this statement for the on's board of directors. I hereby acce	pt the app	pointment as	registered
12,		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	IS IN 12
TITLE	DP	DELETE	1.1 111	TLE				Change	Addition
NAME	FLESHER, MARC S.		1.2 NA	ME					
STREET ADDRESS	2216 N. CONGRESS AVE		1.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL	The section		1 Y - \$T	- ZIP				
TITLE	-	☐ DELETE	2.1 711		1			Change	Addition
NAME			2.2 NA						
STREET ADDRESS	}				ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2. 4 Cl	ITY - ST	- ZIP			Change	Addition
NAME		□ otreit	3.1 III					Overige	المسامل ب
STREET ADDRESS					ADDRESS				i
CITY+ST-ZIP				11Y - ST					
TITLE		DELETE	4.1 111					Change	Addition
NAME			4.2 N	AME	1			-	ĺ
STREET ADDRESS			4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CF	TY-ST	- ZIP				
TITLE		☐ DELETE	5.1 1(1	LE				Change	Addition
NAME			5.2 NA	AME					
STREET ADDRESS			5.3 \$1	REET A	ADDRESS				
CITY-ST-ZIP				IY-SI	- ZIP			T-1	
TITLE		☐ DELETE	6.1 TIT		j			L Change	Addition
NAME			6.2 NA		. }				1
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	hy certify that the information suppl	ind with this filing does not our		IY-SI		in Section 119.07(3)(i). Florida Statute	e I furtho	Cortify that	tho

4. I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

> SIGNATURE OF BED ...

8/1/53

(581) 738.011